

Defendant's Request

Name: _____ Date: _____ Cause #: _____

Dear Judge:

Please complete the following information:

DOB: _____ Drivers License#: _____ - _____ - _____
State Class Number

Social Security# ____ / ____ / ____

Address: _____
House number Street City State Zip

Home Phone: (____) _____ Business Phone: (____) _____

Date ☒ Signature

JUDICIAL APPROVAL: () *Granted* () *Denied*

Municipal Judge, City of Round Rock Date

Comments:
